



APPLICATION FOR TEMPORARY EMERGENCY COACHING PERMIT

PART I: PERSONAL INFORMATION (Print all information in dark ink and in uppercase letters.)

LAST NAME

FIRST NAME

MI

GENDER (M/F)

 - -

SOCIAL SECURITY NUMBER

 - -
BIRTH DATE (Month-Day-Year) – **Required**

ADDRESS (Street)

(Apt #)

(City)

(State)

(Zip Code)

FORMER LAST NAME(S)

PHONE

 - -

(Home)

 - -

(Work)

Race/Ethnicity

☐

(Optional)

1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

E-MAIL ADDRESS _____

1. Have you ever been convicted of **any** crime, excluding minor traffic violations? ☐ YES ☐ NO
2. Have you ever been dismissed for cause from any position? ☐ YES ☐ NO
3. Have you ever surrendered a professional certificate, license, permit or other credential (including, but not limited to, an education credential); had one revoked, suspended, annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action? ☐ YES ☐ NO

NOTE: If you answer “YES” to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately. Submit **official** copies of court or administrative record(s), including disposition of each case.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.



PART II: COMPLETION OF REQUIRED FIRST AID COURSE

The first aid course must have been completed within **1 year** prior to the date of application. Please sign your first aid card and attach a photocopy of both the front and back of the first aid card to this application.

PART III: COMPLETION OF REQUIRED CPR COURSE

The CPR course must have been completed within **1 year** prior to the date of application. Please sign your CPR card and attach a photocopy of both the front and back of the CPR card to this application.

PART IV: HIGH SCHOOL INFORMATION

Please attach a copy of your high school diploma or official high school transcript to this application.

PART V: RENEWAL OF COACHING PERMIT

Complete this section ONLY if you are requesting renewal of the Temporary Emergency Coaching Permit.

1. Provide proof of enrollment in an approved coaching course;

OR

2. Attach an official transcript verifying the completion of at least two (2) semester hours of credit in an approved coaching course;

OR

3. Provide verification of completion of 30 clock hours of instruction in an approved coaching course.

PART VI: APPLICANT ATTESTATION

I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s). I further certify that I have attained the age of at least 18 years.

ORIGINAL SIGNATURE OF APPLICANT

DATE:

Original Signature Must Be On Form Submitted

**PART VII: EMPLOYING AGENT ATTESTATION**

A. Check one: ☐ Initial Permit ☐ Renewal

I am requesting issuance of a Temporary Emergency Coaching Permit for the _____ school year. This request is made on the basis of my determination that no certified teacher possessing a coaching permit or noncertified individual possessing a coaching permit is available for the position and that the applicant meets all requirements for issuance of the permit. The applicant will be supervised and assisted, as appropriate, by regular observation, guidance and evaluation of performance.

B. For RENEWAL request, also complete this section:

Renewal of the Temporary Emergency Coaching Permit is requested for the following school year: _____

The applicant has served successfully as a coach during the school year: _____

Signature of Superintendent, Executive Director or Designee
(Original Signature: No Signature Stamps Accepted)

Date

Typed or Printed Name of Person Signing Above

Title

Employing Agent

Telephone

Street

E-mail Address

City,

State

Zip Code

Original Signature Must Be On Form Submitted

ED 186

REV. 7/03

C.G.S. 10-145

C.G.S. 10-145d, P.A. 03-168

C.G.S. 10-149

Regs. 10-145d-424

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Preparation and Certification

P.O. Box 150471 – Room 243

Hartford, CT 06115-0471

www.state.ct.us/sde

**INSTRUCTIONS TO APPLICATION FOR
TEMPORARY EMERGENCY COACHING PERMIT**

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

For the ISSUANCE of the Temporary Emergency Coaching Permit you must complete and submit the following:

Applicant:

- ☐ a. Complete Parts I through IV, and Part VI.
- ☐ b. Attach a photocopy of your Standard First Aid card, verifying the successful completion of the Standard First Aid course within one year prior to the date of application. **Please remember to sign your Standard First Aid card prior to photocopying.**
- ☐ c. Attach a photocopy of your CPR card, verifying the successful completion of the CPR course within one year prior to the date of application. **Please remember to sign your CPR card prior to photocopying.**
- ☐ d. Attach a photocopy of your high school diploma or its equivalent. Your official high school transcript may be submitted in lieu of a copy of your diploma.
- ☐ e. Return completed application to the superintendent of schools.

For the RENEWAL of the Temporary Emergency Coaching Permit, please complete sections a through e, and Part V.

Employing Agent:

- ☐ a. Complete Part VII. Please mail application and supporting documentation to the Bureau of Educator Preparation and Certification.

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